

## **Exhibit 6**

### **Defendant's Objections to Plaintiff's Trial Exhibits**

**NOTICE OF DENIAL****FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**200 East Gaines Street  
Tallahassee, Florida 32399-4226

COMPLETE ALL APPLICABLE SECTIONS BEFORE FILING WITH DIVISION

SENT TO DIVISION DATE	DIVISION RECEIVED DATE
SEP 29 2005	

**PLEASE PRINT OR TYPE**

SOCIAL SECURITY NUMBER 418-11-2548	EMPLOYEE NAME (First, Middle, Last) STEPHENS, CRAIG	DATE OF ACCIDENT: (Month-Day-Year) 04/11/2005
EMPLOYEE ADDRESS 1959 STACEY RD CANTONMENT, FL 32533	EMPLOYER NAME BENTON EXPRESS, INC.	

ATTACH ADDITIONAL PAGE(S) IF NECESSARY

**DENIED BENEFITS (List below)**

DENIAL OF ENTITLEMENT TO COMPENSABILITY OF CLAIM.  
EMPLOYER/SERVICING AGENT IS DENYING ENTITLEMENT TO ON-GOING INDEMNITY BENEFITS.

**REASON FOR DENIAL OF BENEFITS (Provide detailed information to support reason(s) for denial)**

1. PURSUANT TO 440.20(4), FLA. STAT., THE EMPLOYER/CARRIER FILES A DENIAL OF CLAIM WITHIN THE 120-DAY TIME PERIOD SET OUT IN THE ABOVE-MENTIONED STATUTE.
2. AFTER A THOROUGH INVESTIGATION OF THIS CLAIM, THE EMPLOYER/CARRIER HAS DETERMINED THAT CLAIMANT WAS NOT PERFORMING WORK IN THE COURSE AND SCOPE OF HIS EMPLOYMENT AT THE TIME OF THE ACCIDENT WHICH RESULTED IN HIS DEATH.
3. THE CLAIMANT ABANDONED HIS EMPLOYMENT WITH THE EMPLOYER/CARRIER.
4. THE CLAIMANT TOOK A DISTINCT AND SUBSTANTIAL DEVIATION FROM HIS EMPLOYMENT.
5. THE CLAIMANT WAS UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR OTHER INTOXICANTS TO THE EXTENT THAT HIS NORMAL FACULTIES WERE IMPAIRED, THEREBY CAUSING THE ACCIDENT WHICH RESULTED IN HIS DEATH.
6. THE CLAIMANT ALSO PARTICIPATED IN MISCONDUCT WHICH CONSTITUTED A WILFUL OR WANTON DISREGARD OF THE EMPLOYER'S INTEREST.
7. CARRIER RESERVES THE RIGHT TO PLEAD ANY AND ALL OTHER DEFENSES.
8. NO PICA

DATE DENIAL RESCINDED: \_\_\_\_/\_\_\_\_/\_\_\_\_ Description of benefits reinstated or started:

CC: (Name and Address) DIVISION AND EMPLOYEE  
EMPLOYER/BENTON EXPRESS/SHARON OAKS AND FRANK BOZEMAN, ESQUIRE  
THOMAS UEBERSCHAER, 601 NORTH BAYLEN ST., PENSACOLA, FL 32501-3905-CERT

ADJUSTER NAME DIEMER, NANCY		ADJUSTER TELEPHONE ( 813 ) 289 - 3900 Ext. _____
INSURER CODE 9882	DATE PREPARED 09/29/2005	INSURER NAME BENTON EXPRESS, INC.
SVC. CO/TPA CODE 6042	CLAIMS-HANDLING ENTITY FILE # 92150060	CLAIMS-HANDLING ENTITY NAME AND ADDRESS COMMERCIAL RISK MANAGEMENT, INC. PO BOX 18366 TAMPA, FL 33679

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S.

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